



STATE OF MICHIGAN

Request For Proposal No. 200000002287
Prisoner Health Care and Pharmacy Services

SCHEDULE A STATEMENT OF WORK CONTRACT ACTIVITIES

This schedule identifies the anticipated requirements of any Contract resulting from this RFP. The term "Contractor" in this document refers to a bidder responding to this RFP.

The Contractor must respond to each requirement or question according to what is indicated by each individual Bidder response box. Attach any supplemental information and appropriately reference within your response.

IMPORTANT – FOR RESPONSE BOXES THAT REQUIRE THE BIDDER TO ACKNOWLEDGE ACCEPTANCE, YOU CAN SIMPLY CHECK THE APPROPRIATE BOX PER THE BELOW EXAMPLE. THE STATE RESERVES THE RIGHT TO DEDUCT POINTS FOR EXCEPTIONS.

Bidder must check only one box below and identify exception(s):		
<input checked="" type="checkbox"/>	Bidder has reviewed the above section and agrees with no exception(s).	
<input type="checkbox"/>	Bidder has reviewed the above section and has noted all exception(s) in column to the right.	List all exception(s), including the justification as to why each exception is requested.

OFTEN IT WILL BE BIDDER RESPONSE BOXES THAT DO NOT ALLOW FOR EXCEPTIONS.

<input checked="" type="checkbox"/>	The Contractor agrees to this section.
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BACKGROUND

This Contract is for an Integrated Care Management Model that addresses the general health, psychiatric health, and medication needs of prisoners and delivers a full range of medically necessary services to prisoners under the jurisdiction of the MDOC in a cost-effective manner. The delivery of these services must be in compliance with MDOC policies, procedures and protocols (See Schedule A-14). If any applicable MDOC policy or procedure for a particular type of treatment provides for a lesser degree of care than good and acceptable medical standards, then such good and acceptable medical standard shall take precedence. If any applicable MDOC policy or procedure establishes a higher standard of care than good and acceptable medical standards, then such MDOC policy or procedure shall take precedence.

It is anticipated the contract effective date will be March 1, 2021. Although the contract effective date is March 1, 2021, the Contractor must begin providing all services, without interruption on October 1, 2021. The period between March 1, 2021 through September 30, 2021 will be for transition and implementation (if necessary); no payment will be made to the Contractor during this period. The State reserves the right to change, as necessary.

The Michigan Department of Corrections (MDOC), Bureau of Health Care Services (BHCS) continually evaluates and modifies its service delivery system to incorporate preventive health, population health and care management models that have been successful outside corrections in improving outcomes and reducing costs. By doing so, prisoner health outcomes improve, and recidivism is reduced. BHCS also continually tailors its approach to working with the larger health and human service delivery system - ensuring linkages are developed that are critical to reducing recidivism.

The MDOC currently contracts for general health care, psychiatric health care, and pharmaceutical services to an average of 36,000 prisoners annually at correctional facilities, reentry centers, and some county jails. This number includes prisoners from other jurisdictions (such as federal and county prisoners). The Contractor must provide services to all populations included on the MDOC Client Census.

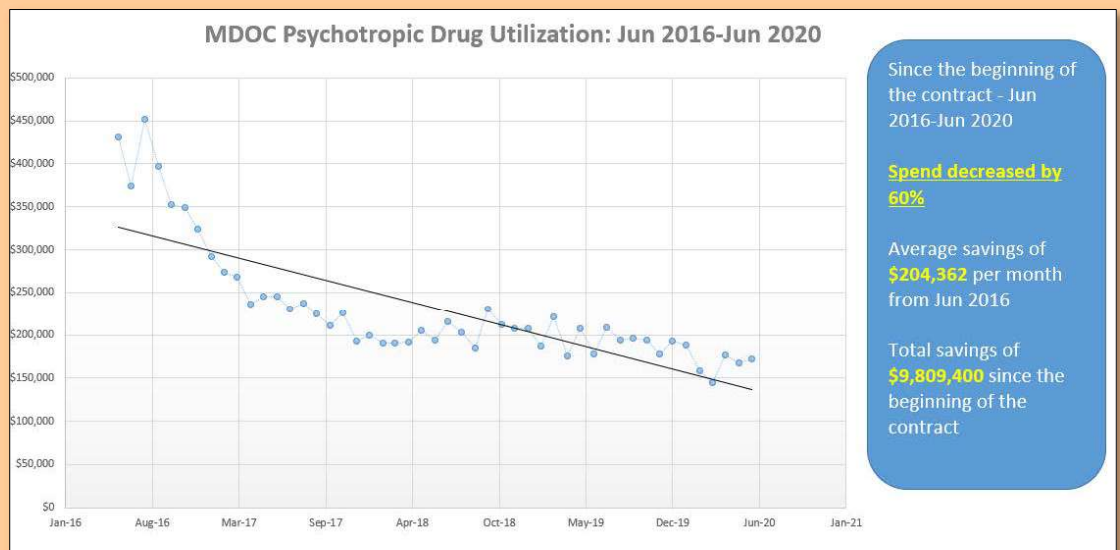


- Use of an atypical antipsychotic at a higher (or lower) than recommended dose for 60 days or more
- Use of two atypical antipsychotics – one at a lower dose and one at a higher (or lower) dose for 60 days or more

Corizon Health psychiatry leaders at the MDOC, in conjunction with Dr. Joe Pastor, Corizon Health's Chief Psychiatry Officer, monitor prescribing behavior and proactively provide individual one-to-one consultation and group supervision that occurs regularly and as needed to shape prescribing behavior to what best matches patient needs. Routine monthly psychiatry group practice meetings are required as are monthly individual provider meetings.

Psychotropic medication monitoring occurs through our CQI program and the Annual Peer Review process. Prescribing behavior is compared to standardized quality indicators that are based on American Psychiatric Association guidelines and the American Academy Psychiatry and the Law Document for Prescribing in Corrections.

The success of this approach has been proven in Michigan. Shown in the graph below, upon transitioning the psychiatry contract from the MDOC's previous provider in June 2016, working with PharmaCorr and the MDOC, **we implemented initiatives that decreased psychotropic medication spend by 60%, averaging \$204,362 per month for a total savings of \$9.8M since the onset of the contract.** We also addressed the previous vendor's overutilization of "sleep" medications, such as Benadryl and Melatonin, by applying evidence-based interventions and one to one supervision and consultation for providers.



- f. **The Contractor must staff and manage psychiatric health services using an integrated/collaborative care approach with respect to staffing levels, location**



Average Max Risk Score – All Facilities



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Data Analytics

Corizon Health collects data in many areas, everything from intake numbers, to prescriptions written, to off-site utilization. We can then identify industry trends and best practices. This enables us to partner with MDOC to change, improve, and recognize issues that might otherwise go undetected.

Applying detailed analytics enables us to determine if sites are performing at levels that vary significantly (better or worse) than our other sites. We can then determine what they are doing differently and fix the problems and replicate the solutions.

For example, the following sample screen shot provides a summary of emergency room visits from the company's statewide contracts. Shown are the Top 10 ED Visits by Provider, Hospital, and top 10 reasons for the ED visit.

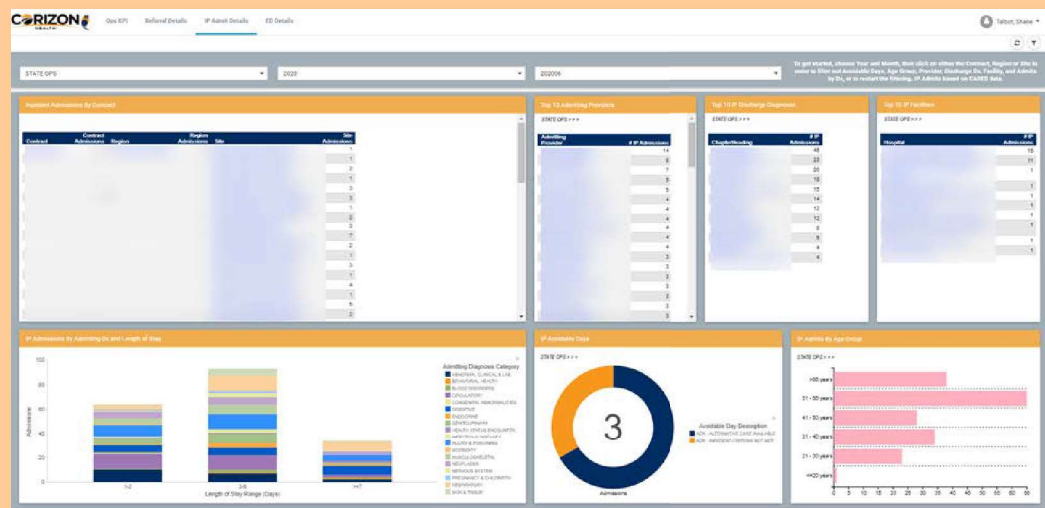
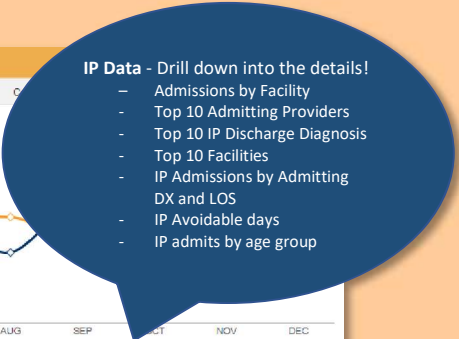
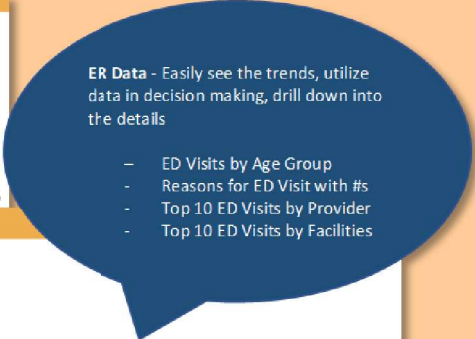
STATE OF MICHIGAN

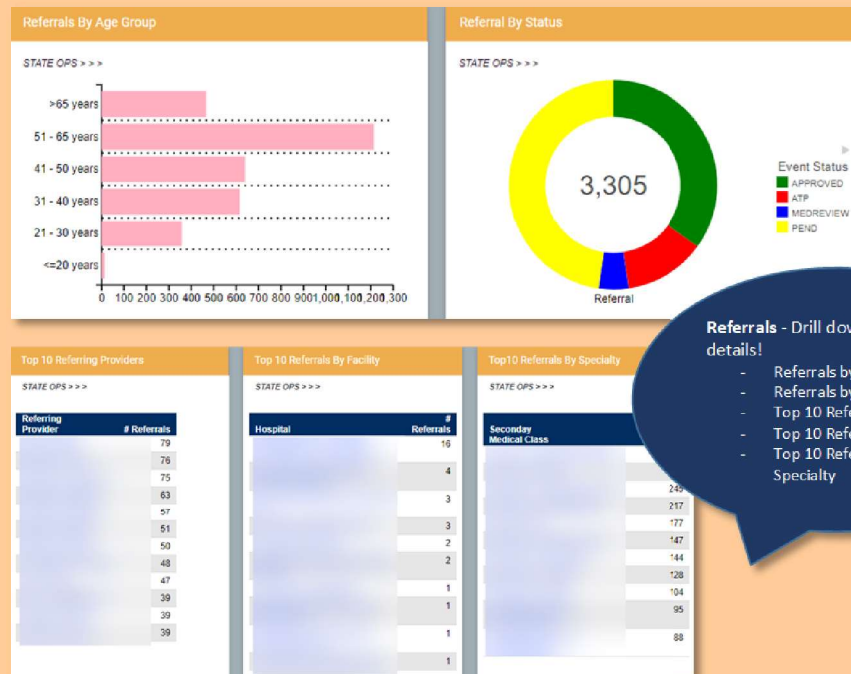
PRISONER HEALTH CARE AND PHARMACY SERVICES
REQUEST FOR PROPOSAL NO. 200000002287

SCHEDULE A – STATEMENT OF WORK CONTRACT ACTIVITIES

OCTOBER 23, 2020

PAGE 197





Referrals - Drill down into the details!

- Referrals by Age Group
- Referrals by Status
- Top 10 Referring Providers
- Top 10 Referrals by Facility
- Top 10 Referrals by Specialty

Population Health Management

At MDOC, Corizon Health proposes our continued use of Optum's **Impact Pro**, a clinical informatics solution that uses multidimensional, episode-based predictive modeling for population health management teams to target health care services to those individuals who will benefit most. Approved and appreciated by MDOC, Impact Pro identifies and stratifies patients by healthcare risk, complexity, and treatment need, which enables our healthcare providers to identify-high risk patients before disease conditions become complex. At MDOC, Impact Pro enhances cost savings by identifying those patients who would derive the most from targeted and specialized interventions before their health conditions becomes catastrophic.

The advantage of *Impact Pro* at MDOC includes the following:

- Clinician-driven identification and stratification, helping you flag individuals early, before their health becomes catastrophic;
- Easy-to-use strategic dashboards and opportunity reports, with data displayed to highlight key opportunities to enhance care or reduce unnecessary costs;
- Direct engagement with physicians, to communicate gaps in care or other actionable clinical information;
- Business rules to measure quality and recognize and communicate gaps in care (has over 700 evidence-based guideline measures including NCQA HEIDIS measures);

STATE OF MICHIGAN

PRISONER HEALTH CARE AND PHARMACY SERVICES
REQUEST FOR PROPOSAL NO. 200000002287

SCHEDULE A – STATEMENT OF WORK CONTRACT ACTIVITIES

OCTOBER 23, 2020

PAGE 199